

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Baxter Healthcare Corporation Political Action Committee

ADDRESS (number and street)

901 15th Street, NW

Suite 500

Washington

DC

20005

☐ Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00117838

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☒ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M / D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y Y Y
09 01 2016

through

M M / D D / Y Y Y Y Y Y
09 30 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Schwan, Joseph, , Mr.,

Type or Print Name of Treasurer

Signature of Treasurer

Schwan, Joseph, , Mr.,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
10 19 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Baxter Healthcare Corporation Political Action Committee

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 09 01 2016

To:

 M M / D D / Y Y Y Y Y
 09 30 2016

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, 2016 | | 43947.86 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 27268.23 | |
| (c) Total Receipts (from Line 19) | 6917.08 | 70109.22 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 34185.31 | 114057.08 |
| 7. Total Disbursements (from Line 31)..... | 28500.00 | 108371.77 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 5685.31 | 5685.31 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Baxter Healthcare Corporation Political Action Committee

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y Y
09 01 2016

To:

M M / D D / Y Y Y Y Y Y
09 30 2016

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

4672.57

37680.51

(ii) Unitemized

2244.51

32428.71

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

6917.08

70109.22

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5).....▶

6917.08

70109.22

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c)).....▶

6917.08

70109.22

20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

6917.08

70109.22

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 0.00 | 71.77 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 0.00 | 71.77 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 28500.00 | 108000.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements (Including Non-Federal Donations)..... | 0.00 | 300.00 |
| 30. Federal Election Activity (52 U.S.C. § 30101(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 28500.00 | 108371.77 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 28500.00 | 108371.77 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| III. Net Contributions/ Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 6917.08 | 70109.22 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 6917.08 | 70109.22 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 0.00 | 71.77 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 71.77 |

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 55

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Atkins, Regina, , ,

Mailing Address 2133 Silver Linden Ln

City
Buffalo Grove

State
IL

Zip Code
60089-6631

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
Sr Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

443.24

Date of Receipt

09 / 09 / 2016

Transaction ID : 20160929172337-4

Amount of Each Receipt this Period

22.30

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Atkins, Regina, , ,

Mailing Address 2133 Silver Linden Ln

City
Buffalo Grove

State
IL

Zip Code
60089-6631

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
Sr Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

443.24

Date of Receipt

09 / 23 / 2016

Transaction ID : 20160929171028-3

Amount of Each Receipt this Period

22.30

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Baughman, Michael, J, ,

Mailing Address 5343 N Lakewood Ave

City
Chicago

State
IL

Zip Code
60640-2208

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
VP, Finance-Ops, CSO & Quality

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

09 / 09 / 2016

Transaction ID : 20160929172337-9

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

144.60

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 55

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Baughman, Michael, J.,

Mailing Address 5343 N Lakewood Ave

City
Chicago

State
IL

Zip Code
60640-2208

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Baxter Healthcare Corporation

Occupation (for Individual)

VP, Finance-Ops, CSO & Quality

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

09 / 23 / 2016

Transaction ID : 20160929171028-7

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Beckham, William, Kevin, ,

Mailing Address 1224 Grace Ln

City

Mountain Home

State

AR

Zip Code

72653-5604

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Baxter Healthcare Corporation

Occupation (for Individual)

Dir, Manufacturing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 09 / 2016

Transaction ID : 20160929172337-11

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Beckham, William, Kevin, ,

Mailing Address 1224 Grace Ln

City

Mountain Home

State

AR

Zip Code

72653-5604

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Baxter Healthcare Corporation

Occupation (for Individual)

Dir, Manufacturing

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 23 / 2016

Transaction ID : 20160929171028-9

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

140.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 55

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bennett, Mariko, , ,

Mailing Address 842 Sebastian Ln

City
Gambrills

State
MD

Zip Code
21054-2153

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
Mgr, Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 09 / 2016

Transaction ID : 20160929172337-13

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bennett, Mariko, , ,

Mailing Address 842 Sebastian Ln

City
Gambrills

State
MD

Zip Code
21054-2153

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
Mgr, Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 23 / 2016

Transaction ID : 20160929171028-11

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Betancourt, Edwin, A, ,

Mailing Address 2704 Oakmont Ct

City
Weston

State
FL

Zip Code
33332-1834

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Export Corporation

Occupation (for Individual)
VP, Ops - LA Area

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1135.08

Date of Receipt

09 / 09 / 2016

Transaction ID : 20160929172337-219

Amount of Each Receipt this Period

57.09

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

87.09

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 55

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Betancourt, Edwin, A, ,

Mailing Address 2704 Oakmont Ct

City
Weston

State
FL

Zip Code
33332-1834

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Baxter Export Corporation

Occupation (for Individual)

VP, Ops - LA Area

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1135.08

Date of Receipt

09 / 23 / 2016

Transaction ID : 20160929171028-215

Amount of Each Receipt this Period

57.09

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bhasin, Simon, , ,

Mailing Address 5172 Ohio St

City

Yorba Linda

State

CA

Zip Code

92886-4115

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Baxter Healthcare Corporation

Occupation (for Individual)

Sr. Dir, Program Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 09 / 2016

Transaction ID : 20160929172337-16

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bhasin, Simon, , ,

Mailing Address 5172 Ohio St

City

Yorba Linda

State

CA

Zip Code

92886-4115

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Baxter Healthcare Corporation

Occupation (for Individual)

Sr. Dir, Program Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 23 / 2016

Transaction ID : 20160929171028-14

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

107.09

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bolgar, Paulo, , ,

Mailing Address 1900 Strenger Ln

City
Riverwoods

State
IL

Zip Code
60015-1659

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter International Inc.

Occupation (for Individual)
VP, HR - International

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

09 / 09 / 2016

Transaction ID : 20160929172337-18

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bolgar, Paulo, , ,

Mailing Address 1900 Strenger Ln

City
Riverwoods

State
IL

Zip Code
60015-1659

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter International Inc.

Occupation (for Individual)
VP, HR - International

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

09 / 23 / 2016

Transaction ID : 20160929171028-15

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Boltz, Linda, K, ,

Mailing Address 315 Park Dr

City
Palatine

State
IL

Zip Code
60067-7732

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
Dir, Business HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 09 / 2016

Transaction ID : 20160929172337-19

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Boltz, Linda, K, ,

Mailing Address 315 Park Dr

City
Palatine

State
IL

Zip Code
60067-7732

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
Dir, Business HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 23 / 2016

Transaction ID : 20160929171028-16

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Boskovich, Jil, , ,

Mailing Address 33431 Periwinkle Dr

City
Dana Point

State
CA

Zip Code
92629-4462

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
Nutrition Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

09 / 09 / 2016

Transaction ID : 20160929172337-22

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Boskovich, Jil, , ,

Mailing Address 33431 Periwinkle Dr

City
Dana Point

State
CA

Zip Code
92629-4462

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
Nutrition Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

09 / 23 / 2016

Transaction ID : 20160929171028-19

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

125.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Boyer, Gregory, Christopher, ,

Mailing Address 242 W Waltann Ln

City
Phoenix

State
AZ

Zip Code
85023-3666

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Baxter Healthcare Corporation

Occupation (for Individual)

AVP, Sales - National Accounts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2016

Transaction ID : 20160929172337-23

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Boyer, Gregory, Christopher, ,

Mailing Address 242 W Waltann Ln

City
Phoenix

State
AZ

Zip Code
85023-3666

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Baxter Healthcare Corporation

Occupation (for Individual)

AVP, Sales - National Accounts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2016

Transaction ID : 20160929171028-20

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Brase, Jan, M, ,

Mailing Address 15 Manitoba Woods Ln

City
Spencerport

State
NY

Zip Code
14559-2405

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Baxter Healthcare Corporation

Occupation (for Individual)

Dir, Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2016

Transaction ID : 20160929172337-24

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 OF 55

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Brase, Jan, M, ,

Mailing Address 15 Manitoba Woods Ln

City
Spencerport

State
NY

Zip Code
14559-2405

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
Dir, Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 23 / 2016

Transaction ID : 20160929171028-21

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Calabrese, Donna, , ,

Mailing Address 39W727 Henry David Thoreau Pl

City
St Charles

State
IL

Zip Code
60175-6573

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
AVP- Central US Portfolio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

09 / 09 / 2016

Transaction ID : 20160929172337-29

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Calabrese, Donna, , ,

Mailing Address 39W727 Henry David Thoreau Pl

City
St Charles

State
IL

Zip Code
60175-6573

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
AVP- Central US Portfolio

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

09 / 23 / 2016

Transaction ID : 20160929171028-25

Amount of Each Receipt this Period

15.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Campbell, David, T, ,

Mailing Address 41 Ferndale Rd

City

North Caldwell

State

NJ

Zip Code

07006-3916

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Baxter Healthcare Corporation

Occupation (for Individual)

Orthobiologics Sales Spec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.26

Date of Receipt

09 / 09 / 2016

Transaction ID : 20160929172337-30

Amount of Each Receipt this Period

16.09

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Campbell, David, T, ,

Mailing Address 41 Ferndale Rd

City

North Caldwell

State

NJ

Zip Code

07006-3916

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Baxter Healthcare Corporation

Occupation (for Individual)

Orthobiologics Sales Spec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.26

Date of Receipt

09 / 23 / 2016

Transaction ID : 20160929171028-26

Amount of Each Receipt this Period

16.09

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Cleveland, Shane, , ,

Mailing Address 6612 Meadow Lake Dr NW

City

Albuquerque

State

NM

Zip Code

87120-4824

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Baxter Healthcare Corporation

Occupation (for Individual)

Portfolio Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 09 / 2016

Transaction ID : 20160929172337-39

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

57.18

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 OF 55

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Cleveland, Shane, , ,

Mailing Address 6612 Meadow Lake Dr NW

City
Albuquerque

State
NM

Zip Code
87120-4824

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
Portfolio Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
09 / 23 / 2016

Transaction ID : 20160929171028-35

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Coin, Mark, , ,

Mailing Address 1006 S St NW

City
Washington

State
DC

Zip Code
20001-5073

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
Director, Public and Reimburse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

986.88

Date of Receipt

MM / DD / YYYY
09 / 09 / 2016

Transaction ID : 20160929172337-40

Amount of Each Receipt this Period

49.89

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Coin, Mark, , ,

Mailing Address 1006 S St NW

City
Washington

State
DC

Zip Code
20001-5073

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
Director, Public and Reimburse

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

986.88

Date of Receipt

MM / DD / YYYY
09 / 23 / 2016

Transaction ID : 20160929171028-36

Amount of Each Receipt this Period

49.89

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

124.78

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 OF 55

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Cox, Bryan, J, ,

Mailing Address 218 W Station St

City
Barrington

State
IL

Zip Code
60010-4208

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
Mgr, Sales Training

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.10

Date of Receipt

09 / 09 / 2016

Transaction ID : 20160929172337-44

Amount of Each Receipt this Period

10.12

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Cox, Bryan, J, ,

Mailing Address 218 W Station St

City
Barrington

State
IL

Zip Code
60010-4208

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
Mgr, Sales Training

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.10

Date of Receipt

09 / 23 / 2016

Transaction ID : 20160929171028-40

Amount of Each Receipt this Period

10.12

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Cruz-casse, Margarita, , ,

Mailing Address 153 Calle Violeta

City
San Juan

State
PR

Zip Code
00927-6208

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter

Occupation (for Individual)
Dir, Logistics

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1200.84

Date of Receipt

09 / 09 / 2016

Transaction ID : 20160929172337-220

Amount of Each Receipt this Period

60.45

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.69

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 OF 55

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Cruz-casse, Margarita, , ,

Mailing Address 153 Calle Violeta

City
San Juan

State
PR

Zip Code
00927-6208

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Baxter

Occupation (for Individual)

Dir, Logistics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.84

Date of Receipt

MM / DD / YYYY
09 / 23 / 2016

Transaction ID : 20160929171028-216

Amount of Each Receipt this Period

60.45

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Cutter, Jeffrey, Michael, ,

Mailing Address 2532 Macero St

City
Roseville

State
CA

Zip Code
95747-5000

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Baxter Healthcare Corporation

Occupation (for Individual)

Portfolio Territory Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.56

Date of Receipt

MM / DD / YYYY
09 / 23 / 2016

Transaction ID : 20160929171028-41

Amount of Each Receipt this Period

9.31

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Dadouche, Salvatore, S, ,

Mailing Address 868 Interlaken Dr

City
Lake Zurich

State
IL

Zip Code
60047-1338

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Baxter Healthcare Corporation

Occupation (for Individual)

VP, Total Rewards & HR Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
09 / 09 / 2016

Transaction ID : 20160929172337-46

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

89.76

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 OF 55

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Dadouche, Salvatore, S, ,

Mailing Address 868 Interlaken Dr

City
Lake Zurich

State
IL

Zip Code
60047-1338

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
VP, Total Rewards & HR Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 23 / 2016

Transaction ID : 20160929171028-42

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Edinger, Kathryn, T, ,

Mailing Address 336 Old Sutton Rd

City
Barrington

State
IL

Zip Code
60010-9368

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
ASD, Anesthesia

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.32

Date of Receipt

09 / 09 / 2016

Transaction ID : 20160929172337-59

Amount of Each Receipt this Period

19.03

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Edinger, Kathryn, T, ,

Mailing Address 336 Old Sutton Rd

City
Barrington

State
IL

Zip Code
60010-9368

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
ASD, Anesthesia

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

378.32

Date of Receipt

09 / 23 / 2016

Transaction ID : 20160929171028-55

Amount of Each Receipt this Period

19.03

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

58.06

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 OF 55

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ehler, Jodie, L, ,

Mailing Address 813 6th Lane Fi

City
Fox Island

State
WA

Zip Code
98333-9772

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
RM, MD Portfolio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

09 / 09 / 2016

Transaction ID : 20160929172337-60

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ehler, Jodie, L, ,

Mailing Address 813 6th Lane Fi

City
Fox Island

State
WA

Zip Code
98333-9772

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
RM, MD Portfolio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

09 / 23 / 2016

Transaction ID : 20160929171028-56

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ehnen, Denise, Marie, ,

Mailing Address 8871 Little Creek Dr

City
Roseville

State
CA

Zip Code
95661-5966

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
RM, MD IS

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

365.00

Date of Receipt

09 / 09 / 2016

Transaction ID : 20160929172337-61

Amount of Each Receipt this Period

15.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

35.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 55

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ehnen, Denise, Marie, ,

Mailing Address 8871 Little Creek Dr

City
RosevilleState
CAZip Code
95661-5966FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Baxter Healthcare Corporation

Occupation (for Individual)

RM, MD IS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 23 | / | 2016 |

Transaction ID : 20160929171028-57

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Elliott, Eric, K, ,

Mailing Address 7402 Swan Ranch Ln

City
RichmondState
TXZip Code
77407-5477FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Baxter Healthcare Corporation

Occupation (for Individual)

Pharmacy Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 09 | / | 2016 |

Transaction ID : 20160929172337-62

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Elliott, Eric, K, ,

Mailing Address 7402 Swan Ranch Ln

City
RichmondState
TXZip Code
77407-5477FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Baxter Healthcare Corporation

Occupation (for Individual)

Pharmacy Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 23 | / | 2016 |

Transaction ID : 20160929171028-58

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

35.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Etienne, Peter, , ,

Mailing Address 189 Lions Ct

City
Lake Zurich

State
IL

Zip Code
60047-7012

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter International Inc.

Occupation (for Individual)
Sr Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 09 / 2016

Transaction ID : 20160929172337-210

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Etienne, Peter, , ,

Mailing Address 189 Lions Ct

City
Lake Zurich

State
IL

Zip Code
60047-7012

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter International Inc.

Occupation (for Individual)
Sr Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 23 / 2016

Transaction ID : 20160929171028-205

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Eyre, Brik, V, ,

Mailing Address 716 Paradise Ln

City
Libertyville

State
IL

Zip Code
60048-1736

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
CVP, President - Hospital Prod

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 09 / 2016

Transaction ID : 20160929172337-64

Amount of Each Receipt this Period

75.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

125.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Eyre, Brik, V, ,

Mailing Address 716 Paradise Ln

City
Libertyville

State
IL

Zip Code
60048-1736

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
CVP, President - Hospital Prod

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

MM / DD / YYYY
09 / 23 / 2016

Transaction ID : 20160929171028-60

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Felicelli, Robert, , ,

Mailing Address 3862 RFD Old McHenry Road

City
Long Grove

State
IL

Zip Code
60047

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
CVP, Quality

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.30

Date of Receipt

MM / DD / YYYY
09 / 23 / 2016

Transaction ID : 20160929171028-206

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Freedlund, Alan, E, ,

Mailing Address 746 S River Rd

City
Naperville

State
IL

Zip Code
60540-6333

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
VP, IT - Mfg & Supply Chain

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY
09 / 09 / 2016

Transaction ID : 20160929172337-75

Amount of Each Receipt this Period

12.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

279.30

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 OF 55

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Freedlund, Alan, E, ,

Mailing Address 746 S River Rd

City
Naperville

State
IL

Zip Code
60540-6333

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
VP, IT - Mfg & Supply Chain

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

09 / 23 / 2016

Transaction ID : 20160929171028-70

Amount of Each Receipt this Period

12.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gallagher, Valery, E, ,

Mailing Address 14334 Spring Meadow Ct

City
Libertyville

State
IL

Zip Code
60048-2490

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
Global Dir, GAPP Hospital Prod

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1882.04

Date of Receipt

09 / 09 / 2016

Transaction ID : 20160929172337-76

Amount of Each Receipt this Period

94.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Gallagher, Valery, E, ,

Mailing Address 14334 Spring Meadow Ct

City
Libertyville

State
IL

Zip Code
60048-2490

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
Global Dir, GAPP Hospital Prod

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1882.04

Date of Receipt

09 / 23 / 2016

Transaction ID : 20160929171028-71

Amount of Each Receipt this Period

94.66

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

201.32

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gallien, Cynthia, L, ,

Mailing Address 3005 S Forrester St

City
Bloomington

State
IN

Zip Code
47401-4494

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
Dir, Business HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 09 / 2016

Transaction ID : 20160929172337-77

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gallien, Cynthia, L, ,

Mailing Address 3005 S Forrester St

City
Bloomington

State
IN

Zip Code
47401-4494

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
Dir, Business HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 23 / 2016

Transaction ID : 20160929171028-72

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Gibson, Arthur, J, ,

Mailing Address 3775 Riverly Trce

City
Marietta

State
GA

Zip Code
30067-4241

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
VP, Environ, Health & Safety

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1291.18

Date of Receipt

09 / 09 / 2016

Transaction ID : 20160929172337-80

Amount of Each Receipt this Period

64.94

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

104.94

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gibson, Arthur, J, ,

Mailing Address 3775 Riverly Trce

City
Marietta

State
GA

Zip Code
30067-4241

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
VP, Environ, Health & Safety

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1291.18

Date of Receipt

09 / 23 / 2016

Transaction ID : 20160929171028-75

Amount of Each Receipt this Period

64.94

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hernandez, Laurie, R, ,

Mailing Address 1340 Crest Rd

City
Libertyville

State
IL

Zip Code
60048-1515

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
VP, Strategy & Integration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1191.53

Date of Receipt

09 / 09 / 2016

Transaction ID : 20160929172337-92

Amount of Each Receipt this Period

69.05

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hotzfeld, Richard, W, ,

Mailing Address 1711 Charity Dr

City
Brentwood

State
TN

Zip Code
37027-8655

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
Dir, Nat'l Accts-GPO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

09 / 09 / 2016

Transaction ID : 20160929172337-94

Amount of Each Receipt this Period

15.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

148.99

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 26 OF 55

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hotzfeld, Richard, W, ,

Mailing Address 1711 Charity Dr

City
Brentwood

State
TN

Zip Code
37027-8655

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
Dir, Nat'l Accts-GPO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

09 / 23 / 2016

Transaction ID : 20160929171028-88

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Junkin, Julie, L, ,

Mailing Address 932 Wilmette Ter

City
Lake Zurich

State
IL

Zip Code
60047-2162

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
Dir, HR - US Hosp Products

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

09 / 23 / 2016

Transaction ID : 20160929171028-96

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kamai, Andrew, W, ,

Mailing Address 1675 N Woods Way

City
Vernon Hills

State
IL

Zip Code
60061-1237

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
Group Mgr, Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 09 / 2016

Transaction ID : 20160929172337-104

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 27 OF 55

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kamai, Andrew, W, ,

Mailing Address 1675 N Woods Way

City
Vernon Hills

State
IL

Zip Code
60061-1237

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
Group Mgr, Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 23 / 2016

Transaction ID : 20160929171028-98

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Khalil, Omar, H, ,

Mailing Address 916 Hunter Rd

City
Glenview

State
IL

Zip Code
60025-3310

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
VP Marketing, US Surgical Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 09 / 2016

Transaction ID : 20160929172337-107

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Khalil, Omar, H, ,

Mailing Address 916 Hunter Rd

City
Glenview

State
IL

Zip Code
60025-3310

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
VP Marketing, US Surgical Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 23 / 2016

Transaction ID : 20160929171028-101

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

75.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 55

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kosko, Michael, C, ,

Mailing Address 423 Kevin Dr

City
BethlehemState
PAZip Code
18017-2455FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Baxter Healthcare Corporation

Occupation (for Individual)

AVP, Portfolio Management East

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 09 | / | 2016 |

Transaction ID : 20160929172337-110

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kosko, Michael, C, ,

Mailing Address 423 Kevin Dr

City
BethlehemState
PAZip Code
18017-2455FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Baxter Healthcare Corporation

Occupation (for Individual)

AVP, Portfolio Management East

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 23 | / | 2016 |

Transaction ID : 20160929171028-104

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lawrence, Timothy, P, ,Mailing Address 1175 Museum Blvd
Unit 210City
Vernon HillsState
ILZip Code
60061-3156FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Baxter Healthcare Corporation

Occupation (for Individual)

CVP, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1597.06

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 09 | / | 2016 |

Transaction ID : 20160929172337-114

Amount of Each Receipt this Period

84.42

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

134.42

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 29 OF 55

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lawrence, Timothy, P, ,

Mailing Address 1175 Museum Blvd
Unit 210

City
Vernon Hills

State
IL

Zip Code
60061-3156

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
CVP, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1597.06

Date of Receipt

MM / DD / YYYY
09 / 23 / 2016

Transaction ID : 20160929171028-109

Amount of Each Receipt this Period

84.42

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lemke, Mary, F, ,

Mailing Address 3121 Renaissance Way NE

City
Atlanta

State
GA

Zip Code
30308-2463

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
Area Director, Renal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.24

Date of Receipt

MM / DD / YYYY
09 / 09 / 2016

Transaction ID : 20160929172337-116

Amount of Each Receipt this Period

17.07

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lemke, Mary, F, ,

Mailing Address 3121 Renaissance Way NE

City
Atlanta

State
GA

Zip Code
30308-2463

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
Area Director, Renal

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

339.24

Date of Receipt

MM / DD / YYYY
09 / 23 / 2016

Transaction ID : 20160929171028-111

Amount of Each Receipt this Period

17.07

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

118.56

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 30 OF 55

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lester, Kelli, , ,

Mailing Address 3623 Stanford Cir

City
Falls Church

State
VA

Zip Code
22041-1316

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Baxter Healthcare Corporation

Occupation (for Individual)

Global Dir, GAPP Renal Product

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 09 / 2016

Transaction ID : 20160929172337-117

Amount of Each Receipt this Period

45.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lester, Kelli, , ,

Mailing Address 3623 Stanford Cir

City
Falls Church

State
VA

Zip Code
22041-1316

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Baxter Healthcare Corporation

Occupation (for Individual)

Global Dir, GAPP Renal Product

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 23 / 2016

Transaction ID : 20160929171028-112

Amount of Each Receipt this Period

45.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Luce, Scott, P, ,

Mailing Address 1311 Kristin Dr

City
Libertyville

State
IL

Zip Code
60048-1285

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Baxter Healthcare Corporation

Occupation (for Individual)

GM, US Hospital Products

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

440.00

Date of Receipt

09 / 09 / 2016

Transaction ID : 20160929172337-125

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

110.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 31 OF 55

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Luce, Scott, P, ,

Mailing Address 1311 Kristin Dr

City
Libertyville

State
IL

Zip Code
60048-1285

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
GM, US Hospital Products

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

09 / 23 / 2016

Transaction ID : 20160929171028-120

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Maniko, Jack, , ,

Mailing Address 6625 Barnaby St NW

City
Washington

State
DC

Zip Code
20015-2331

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
Dir, Fed Legislative Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

09 / 09 / 2016

Transaction ID : 20160929172337-129

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Maniko, Jack, , ,

Mailing Address 6625 Barnaby St NW

City
Washington

State
DC

Zip Code
20015-2331

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
Dir, Fed Legislative Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

09 / 23 / 2016

Transaction ID : 20160929171028-124

Amount of Each Receipt this Period

35.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

90.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 OF 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mason, Jeanne, K, ,

Mailing Address 1760 Duffy Ln

City
Bannockburn

State
IL

Zip Code
60015-1512

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter International Inc.

Occupation (for Individual)
CVP, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4010.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2016

Transaction ID : 20160929172337-213

Amount of Each Receipt this Period

211.54

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mason, Jeanne, K, ,

Mailing Address 1760 Duffy Ln

City
Bannockburn

State
IL

Zip Code
60015-1512

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter International Inc.

Occupation (for Individual)
CVP, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4010.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2016

Transaction ID : 20160929171028-209

Amount of Each Receipt this Period

211.54

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. McRae, Daniel, S, ,

Mailing Address 7 Fox Vale Ln

City
Nashville

State
TN

Zip Code
37221-4516

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
RM, MD IS

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2016

Transaction ID : 20160929172337-132

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

433.08

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 33 OF 55

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. McRae, Daniel, S, ,

Mailing Address 7 Fox Vale Ln

City
Nashville

State
TN

Zip Code
37221-4516

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
RM, MD IS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

09 / 23 / 2016

Transaction ID : 20160929171028-127

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mendenhall, Dana, , ,

Mailing Address 106 S Sangamon St
Apt 2S

City
Chicago

State
IL

Zip Code
60607-2757

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
Sr Dir, Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 09 / 2016

Transaction ID : 20160929172337-133

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Mendenhall, Dana, , ,

Mailing Address 106 S Sangamon St
Apt 2S

City
Chicago

State
IL

Zip Code
60607-2757

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
Sr Dir, Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 23 / 2016

Transaction ID : 20160929171028-128

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 34 OF 55

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Nail, Mark, R, ,

Mailing Address 611 Treeline Dr

City
Argyle

State
TX

Zip Code
76226-1248

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
Renal Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 09 / 2016

Transaction ID : 20160929172337-137

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Nail, Mark, R, ,

Mailing Address 611 Treeline Dr

City
Argyle

State
TX

Zip Code
76226-1248

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
Renal Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 23 / 2016

Transaction ID : 20160929171028-132

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Nelson, Christopher, John, ,

Mailing Address 2578 E Beechnut Ct

City
Chandler

State
AZ

Zip Code
85249-3514

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
RM, BioSurgery

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

395.36

Date of Receipt

09 / 09 / 2016

Transaction ID : 20160929172337-138

Amount of Each Receipt this Period

24.04

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

74.04

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 35 OF 55

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Nelson, Christopher, John, ,

Mailing Address 2578 E Beechnut Ct

City
Chandler

State
AZ

Zip Code
85249-3514

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
RM, BioSurgery

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.36

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2016

Transaction ID : 20160929171028-133

Amount of Each Receipt this Period

24.04

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Pasternak, Timothy, J, ,

Mailing Address 1933 Oak Tree Trl

City
Lake Villa

State
IL

Zip Code
60046-7557

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
Director, Quality, MP Quality

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2016

Transaction ID : 20160929172337-145

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Pasternak, Timothy, J, ,

Mailing Address 1933 Oak Tree Trl

City
Lake Villa

State
IL

Zip Code
60046-7557

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
Director, Quality, MP Quality

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2016

Transaction ID : 20160929171028-139

Amount of Each Receipt this Period

15.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

54.04

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 OF 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Prather, Craig, R, ,

Mailing Address 40819 N Gridley Dr

City
Antioch

State
IL

Zip Code
60002-8898

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Baxter Healthcare Corporation

Occupation (for Individual)

AVP, Portfolio Management West

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2016

Transaction ID : 20160929172337-150

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Prather, Craig, R, ,

Mailing Address 40819 N Gridley Dr

City
Antioch

State
IL

Zip Code
60002-8898

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Baxter Healthcare Corporation

Occupation (for Individual)

AVP, Portfolio Management West

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2016

Transaction ID : 20160929171028-144

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Progar, Thomas, J, ,

Mailing Address 2907 Sweetwater Ln

City
Johnsburg

State
IL

Zip Code
60051-5187

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Baxter Healthcare Corporation

Occupation (for Individual)

VP, Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2016

Transaction ID : 20160929172337-152

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 37 OF 55

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Progar, Thomas, J, ,

Mailing Address 2907 Sweetwater Ln

City
Johnsburg

State
IL

Zip Code
60051-5187

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
VP, Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

09 / 23 / 2016

Transaction ID : 20160929171028-146

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rainey, Edward, C, ,

Mailing Address 412 McIver St

City
Greenville

State
SC

Zip Code
29601-4408

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
Dir, Nat'l Accts-Alt Site

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

09 / 09 / 2016

Transaction ID : 20160929172337-156

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rainey, Edward, C, ,

Mailing Address 412 McIver St

City
Greenville

State
SC

Zip Code
29601-4408

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
Dir, Nat'l Accts-Alt Site

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

09 / 23 / 2016

Transaction ID : 20160929171028-150

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 OF 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Riley, Crystal, A, ,

Mailing Address 10210 Angora Dr

City
Cheltenham

State
MD

Zip Code
20623-1068

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
Manager, Healthcare Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 09 / 2016

Transaction ID : 20160929172337-162

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Riley, Crystal, A, ,

Mailing Address 10210 Angora Dr

City
Cheltenham

State
MD

Zip Code
20623-1068

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
Manager, Healthcare Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 23 / 2016

Transaction ID : 20160929171028-156

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ruda, Fredrick, D, ,

Mailing Address 1316 Ashland Ave

City
Wilmette

State
IL

Zip Code
60091-1608

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
Dir, Finance Baxter Capital

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

09 / 23 / 2016

Transaction ID : 20160929171028-161

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 39 OF 55

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sastry, Bela, , ,

Mailing Address 9504 Tuba Ct

City
Vienna

State
VA

Zip Code
22182-1648

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Baxter Healthcare Corporation

Occupation (for Individual)

Director, Federal Legislative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1692.40

Date of Receipt

09 / 09 / 2016

Transaction ID : 20160929172337-171

Amount of Each Receipt this Period

84.62

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sastry, Bela, , ,

Mailing Address 9504 Tuba Ct

City
Vienna

State
VA

Zip Code
22182-1648

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Baxter Healthcare Corporation

Occupation (for Individual)

Director, Federal Legislative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1692.40

Date of Receipt

09 / 23 / 2016

Transaction ID : 20160929171028-165

Amount of Each Receipt this Period

84.62

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sato, Eric, A, ,

Mailing Address 381 W Prairie Walk Ln

City
Round Lake

State
IL

Zip Code
60073-4255

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Baxter Healthcare Corporation

Occupation (for Individual)

Sr Dir, Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 09 / 2016

Transaction ID : 20160929172337-172

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

194.24

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 40 OF 55

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sato, Eric, A, ,

Mailing Address 381 W Prairie Walk Ln

City
Round Lake

State
IL

Zip Code
60073-4255

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
Sr Dir, Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 23 / 2016

Transaction ID : 20160929171028-166

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Scharf, David, P, ,

Mailing Address 931 Oak St

City
Winnetka

State
IL

Zip Code
60093-2440

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter International Inc.

Occupation (for Individual)
CVP, General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2669.25

Date of Receipt

09 / 09 / 2016

Transaction ID : 20160929172337-216

Amount of Each Receipt this Period

130.77

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Scharf, David, P, ,

Mailing Address 931 Oak St

City
Winnetka

State
IL

Zip Code
60093-2440

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter International Inc.

Occupation (for Individual)
CVP, General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2669.25

Date of Receipt

09 / 23 / 2016

Transaction ID : 20160929171028-212

Amount of Each Receipt this Period

192.30

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

348.07

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 41 OF 55

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Schultejaan, John, G, ,

Mailing Address 4836 N Arizona Rd

City

Apache Junction

State

AZ

Zip Code

85119-8538

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Baxter Healthcare Corporation

Occupation (for Individual)

Infusion System Sales Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 09 / 2016

Transaction ID : 20160929172337-176

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Schultejaan, John, G, ,

Mailing Address 4836 N Arizona Rd

City

Apache Junction

State

AZ

Zip Code

85119-8538

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Baxter Healthcare Corporation

Occupation (for Individual)

Infusion System Sales Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 23 / 2016

Transaction ID : 20160929171028-170

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sexton, Jeffrey, Allen, ,

Mailing Address 19 Cochran View Dr

City

Marion

State

NC

Zip Code

28752-6014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Baxter Healthcare Corporation

Occupation (for Individual)

Supt, Manufacturing

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

310.82

Date of Receipt

09 / 09 / 2016

Transaction ID : 20160929172337-180

Amount of Each Receipt this Period

15.64

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

45.64

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 OF 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sexton, Jeffrey, Allen, ,

Mailing Address 19 Cochran View Dr

City
Marion

State
NC

Zip Code
28752-6014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
Supt, Manufacturing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.82

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2016

Transaction ID : 20160929171028-174

Amount of Each Receipt this Period

15.64

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Shanafelt, Allison, M, ,

Mailing Address 128 Oakhurst Dr

City
McMurray

State
PA

Zip Code
15317-2631

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
Pharmacy Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 09 / 2016

Transaction ID : 20160929172337-181

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Shanafelt, Allison, M, ,

Mailing Address 128 Oakhurst Dr

City
McMurray

State
PA

Zip Code
15317-2631

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
Pharmacy Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2016

Transaction ID : 20160929171028-175

Amount of Each Receipt this Period

15.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

45.64

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 OF 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sims, Lori, E, ,

Mailing Address 66 Cooper Dr

City
Glastonbury

State
CT

Zip Code
06033-1020

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
Mgr II, State Govt Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

587.08

Date of Receipt

09 / 09 / 2016

Transaction ID : 20160929172337-183

Amount of Each Receipt this Period

29.57

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sims, Lori, E, ,

Mailing Address 66 Cooper Dr

City
Glastonbury

State
CT

Zip Code
06033-1020

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
Mgr II, State Govt Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

587.08

Date of Receipt

09 / 23 / 2016

Transaction ID : 20160929171028-177

Amount of Each Receipt this Period

29.57

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Skala, Catherine, Ann, ,

Mailing Address 1014 Oakwood Ave

City
Wilmette

State
IL

Zip Code
60091-3322

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter International Inc.

Occupation (for Individual)
VP, Program Touchstone

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

380.00

Date of Receipt

09 / 09 / 2016

Transaction ID : 20160929172337-217

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

79.14

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 44 OF 55

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Skala, Catherine, Ann, ,

Mailing Address 1014 Oakwood Ave

City
Wilmette

State
IL

Zip Code
60091-3322

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter International Inc.

Occupation (for Individual)
VP, Program Touchstone

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

09 / 23 / 2016

Transaction ID : 20160929171028-213

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Smith, Beverly, B, ,

Mailing Address 869 Deep Woods Dr

City
Marion

State
NC

Zip Code
28752-8252

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
Dir, Manufacturing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 09 / 2016

Transaction ID : 20160929172337-184

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Smith, Beverly, B, ,

Mailing Address 869 Deep Woods Dr

City
Marion

State
NC

Zip Code
28752-8252

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
Dir, Manufacturing

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 23 / 2016

Transaction ID : 20160929171028-178

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 45 OF 55

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Spak, Deborah, G, ,

Mailing Address 1555 Stratford Rd

City
Deerfield

State
IL

Zip Code
60015-2147

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter International Inc.

Occupation (for Individual)
Dir, Global Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.18

Date of Receipt

09 / 09 / 2016

Transaction ID : 20160929172337-218

Amount of Each Receipt this Period

19.12

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Spak, Deborah, G, ,

Mailing Address 1555 Stratford Rd

City
Deerfield

State
IL

Zip Code
60015-2147

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter International Inc.

Occupation (for Individual)
Dir, Global Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.18

Date of Receipt

09 / 23 / 2016

Transaction ID : 20160929171028-214

Amount of Each Receipt this Period

19.12

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Stallard, Earnest, Michael, ,

Mailing Address 3512 Jal PI NW

City
Albuquerque

State
NM

Zip Code
87120-5118

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
Infusion Systems Sales Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

09 / 09 / 2016

Transaction ID : 20160929172337-185

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

48.24

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 46 OF 55

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Stallard, Earnest, Michael, ,

Mailing Address 3512 Jal PI NW

City
Albuquerque

State
NM

Zip Code
87120-5118

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
Infusion Systems Sales Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

09 / 23 / 2016

Transaction ID : 20160929171028-179

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Stoll, Elizabeth, F, ,

Mailing Address 3014 Greendale Dr NW

City
Atlanta

State
GA

Zip Code
30327-1609

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
Dir, State Sovt Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.58

Date of Receipt

09 / 09 / 2016

Transaction ID : 20160929172337-187

Amount of Each Receipt this Period

13.61

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Stoll, Elizabeth, F, ,

Mailing Address 3014 Greendale Dr NW

City
Atlanta

State
GA

Zip Code
30327-1609

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
Dir, State Sovt Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

270.58

Date of Receipt

09 / 23 / 2016

Transaction ID : 20160929171028-181

Amount of Each Receipt this Period

13.61

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

37.22

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 47 OF 55

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Thompson, Russell, , ,

Mailing Address 742 Hibbens Grant Blvd

City
Mt Pleasant

State
SC

Zip Code
29464-8236

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
Renal Region Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.54

Date of Receipt

09 / 09 / 2016

Transaction ID : 20160929172337-190

Amount of Each Receipt this Period

13.22

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Thompson, Russell, , ,

Mailing Address 742 Hibbens Grant Blvd

City
Mt Pleasant

State
SC

Zip Code
29464-8236

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
Renal Region Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.54

Date of Receipt

09 / 23 / 2016

Transaction ID : 20160929171028-184

Amount of Each Receipt this Period

13.22

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Vitales, Ronald, Allen, ,

Mailing Address 11229 Ashley Ln

City
Fishers

State
IN

Zip Code
46038-1851

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
ASD, ApaTech Orthobiologics

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

09 / 09 / 2016

Transaction ID : 20160929172337-194

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

76.44

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 48 OF 55

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Vitales, Ronald, Allen, ,

Mailing Address 11229 Ashley Ln

City
Fishers

State
IN

Zip Code
46038-1851

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Baxter Healthcare Corporation

Occupation (for Individual)

ASD, ApaTech Orthobiologics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

09 / 23 / 2016

Transaction ID : 20160929171028-188

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Walker, Eric, C, ,

Mailing Address 1082 Lee Road 368

City
Valley

State
AL

Zip Code
36854-6532

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Baxter Healthcare Corporation

Occupation (for Individual)

AVP, MD IS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

09 / 09 / 2016

Transaction ID : 20160929172337-195

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Walker, Eric, C, ,

Mailing Address 1082 Lee Road 368

City
Valley

State
AL

Zip Code
36854-6532

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Baxter Healthcare Corporation

Occupation (for Individual)

AVP, MD IS

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

440.00

Date of Receipt

09 / 23 / 2016

Transaction ID : 20160929171028-189

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

90.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 OF 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wilson, Ronald, Kent, ,

Mailing Address 8050 Little Fox Rd

City
Amarillo

State
TX

Zip Code
79118-1129

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
Portfolio Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2016

Transaction ID : 20160929172337-203

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wilson, Ronald, Kent, ,

Mailing Address 8050 Little Fox Rd

City
Amarillo

State
TX

Zip Code
79118-1129

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
Portfolio Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2016

Transaction ID : 20160929171028-197

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wilt, Carl, , ,

Mailing Address 38465 N Burr Oak Ln

City
Wadsworth

State
IL

Zip Code
60083-9548

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
VP, Finance-Hospital Products

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2016

Transaction ID : 20160929172337-204

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

65.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 OF 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wilt, Carl, , ,

Mailing Address 38465 N Burr Oak Ln

City
Wadsworth

State
IL

Zip Code
60083-9548

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
VP, Finance-Hospital Products

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 23 / 2016

Transaction ID : 20160929171028-198

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Zinselmeier, Kristie, , ,

Mailing Address 41 Berkshire Ln

City
Lincolnshire

State
IL

Zip Code
60069-3303

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
VP, National & Strategic Accts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

09 / 09 / 2016

Transaction ID : 20160929172337-207

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Zinselmeier, Kristie, , ,

Mailing Address 41 Berkshire Ln

City
Lincolnshire

State
IL

Zip Code
60069-3303

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baxter Healthcare Corporation

Occupation (for Individual)
VP, National & Strategic Accts

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

09 / 23 / 2016

Transaction ID : 20160929171028-201

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

75.00

4672.57

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 51 OF 55

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bennet for Colorado

Mailing Address PO Box 3078

City
DenverState
COZip Code
80201Purpose of Disbursement
2016 General

011

Candidate Name

Bennet, Michael, F., ,

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2016

☐ Primary☒ General☐ Other (specify) ▼

State: CO

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 2 | 9 | | | 2 | 0 | 1 | 6 | | |

FEC Identification Number

C C00458398**Transaction ID : 8D63670FC71**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Boozman for Arkansas

Mailing Address PO Box 671

City
RogersState
ARZip Code
72757Purpose of Disbursement
2016 General

011

Candidate Name

Boozman, John, Nichols, ,

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2016

☐ Primary☒ General☐ Other (specify) ▼

State: AR

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 2 | 9 | | | 2 | 0 | 1 | 6 | | |

FEC Identification Number

C C00476317**Transaction ID : 29E5E37575B**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Collins for Congress

Mailing Address PO Box 386

City
ClarenceState
NYZip Code
14031-0386Purpose of Disbursement
2016 General

011

Candidate Name

Collins, Christopher, Carl, ,

Office Sought:

☒ House☐ Senate☐ President

Disbursement For: 2016

☐ Primary☒ General☐ Other (specify) ▼

State: NY

District: 27

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 2 | 9 | | | 2 | 0 | 1 | 6 | | |

FEC Identification Number

C C00520379**Transaction ID : 9D339CF246**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3000.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 52 OF 55

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Davis for Congress/Friends of Davis

Mailing Address 5956 W. Race Avenue

City
ChicagoState
ILZip Code
60644Purpose of Disbursement
2016 General

011

Candidate Name

Davis, Danny, K., ,

Office Sought:

☒

House

☐

Senate

☐

President

State: IL

District: 07

Disbursement For: 2016

☐

Primary

☒

General

☐

Other (specify) ▼

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 2 | 9 | | | 2 | 0 | 1 | 6 | | |

FEC Identification Number

C C00172619**Transaction ID : 0FB263E06E**

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DCCCMailing Address 430 South Capitol Street, SE
2nd FloorCity
WashingtonState
DCZip Code
20003-4024Purpose of Disbursement
2016 Contribution

011

Candidate Name

DCCC

Office Sought:

☐

House

☐

Senate

☐

President

State:

District:

Disbursement For: 2016

☐

Primary

☐

General

☒

Other (specify)

Contribution

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 0 | 6 | | | 2 | 0 | 1 | 6 | | |

FEC Identification Number

C C00000935**Transaction ID : 96D624316C5**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Donnelly for Indiana

Mailing Address 1050 17th St NW Ste 590

City
WashingtonState
DCZip Code
20036Purpose of Disbursement
2018 Primary

011

Candidate Name

Donnelly, Joseph, Simon, , Sr.

Office Sought:

☐

House

☒

Senate

☐

President

State: IN

District:

Disbursement For: 2018

☒

Primary

☐

General

☐

Other (specify) ▼

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 0 | 6 | | | 2 | 0 | 1 | 6 | | |

FEC Identification Number

C C00393652**Transaction ID : 7B7B6C0F11**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

7500.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 53 OF 55

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of Dick Durbin

Mailing Address PO Box 1949

City
SpringfieldState
ILZip Code
62705Purpose of Disbursement
2020 Primary

011

Category/
Type

Candidate Name

Durbin, Richard, Joseph, ,

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2020

☒ Primary☐ General☐ Other (specify) ▼

State: IL

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 0 | 6 | | | 2 | 0 | 1 | 6 | | |

FEC Identification Number

C C00148999**Transaction ID : BA29F98879!**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Erik PaulsenMailing Address PO Box 44369
250 Prairie Center DriveCity
Eden PrairieState
MNZip Code
55344Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

Paulsen, Erik, , ,

Office Sought:

☒ House☐ Senate☐ President

Disbursement For: 2016

☐ Primary☒ General☐ Other (specify)

State: MN

District: 03

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | | 2 | 2 | | 2 | 0 | 1 | 6 | | |

FEC Identification Number

C C00439661**Transaction ID : 8931D00F77F**

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. NRCC

Mailing Address 320 First Street SE

City
WashingtonState
DCZip Code
20003Purpose of Disbursement
2016 Contribution

011

Category/
Type

Candidate Name

NRCC

Office Sought:

☐ House☐ Senate☐ President

Disbursement For: 2016

☐ Primary☐ General☒ Other (specify) ▼

State:

District:

Contribution

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 0 | 6 | | | 2 | 0 | 1 | 6 | | |

FEC Identification Number

C C00075820**Transaction ID : 9BD34397EB**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

9000.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 54 OF 55

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. NRSC

Mailing Address 425 2nd Street NE

City
WashingtonState
DCZip Code
20002Purpose of Disbursement
2016 Contribution

011

Category/
Type

Candidate Name

NRSC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

Contribution

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 0 | 6 | | | 2 | 0 | 1 | 6 | | |

FEC Identification Number

C C00027466

Transaction ID : C72DB6449D

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. People for Ben

Mailing Address PO Box 31129

City
Santa FeState
NMZip Code
87594Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

Lujan, Ben, Ray, ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify)

State: NM

District: 03

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 0 | 6 | | | 2 | 0 | 1 | 6 | | |

FEC Identification Number

C C00443689

Transaction ID : F2BEC137A9

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Robin Kelly for Congress

Mailing Address PO Box 6953

City
ChicagoState
ILZip Code
60680Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

Kelly, Robin, Lynne, ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: IL

District: 02

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | | | 2 | | 2 | 0 | 1 | 6 | | |

FEC Identification Number

C C00539866

Transaction ID : 0192A7A72B

Amount of Each Disbursement this Period

1500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

8000.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 55 OF 55

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tim Scott for Senate

Mailing Address 1405 Ashley River Rd

City
CharlestonState
SCZip Code
29407-5305Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

Scott, Timothy, Eugene, ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: SC

District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 29 | / | 2016 |

FEC Identification Number

C C00540302

Transaction ID : 33F4B63E7E

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1000.00

TOTAL This Period (last page this line number only).....▶

28500.00